Letters to the Editor

Different Kinds of NDE

To the Editor:

As psychiatrist, leader of the German section of the International Association for Near-Death Studies (IANDS), and author of 14 scientific publications on near-death experiences (NDEs), I have analyzed more than 200 NDEs and hold a lot of workshops on NDEs in international psychiatric and neurological congresses. In 1999 I wrote a chapter on the neurological and psychiatric interpretation of NDEs in a German book edited by Hubert Knoblauch and Hans-Georg Soffner (Schroeter-Kunhardt, 1999). In this book, Knoblauch and his colleagues published the first German poll concerning NDEs (Schmied, Knoblauch, and Schnettler, 1999), showing that there are 3 million Germans who have NDEs, which thereby are three times more common than the psychiatric disease schizophrenia, but yet completely ignored by psychiatrists.

After publication of this book, disturbed by Knoblauch’s interpretations of his sociological NDE data, I wrote him a critique in the form of a three-page letter and later published my critique in a parapsychological journal (Schroeter-Kunhardt, 2000), neither of which Knoblauch answered. Instead, Knoblauch has continued to repeat his dubious theses nationwide in interviews and newspapers.

Because Knoblauch and his colleagues have now published a short form of his theses in English in this Journal (Knoblauch, Schmied, and Schnettler, 2001), I have to repeat my critique of Knoblauch’s conclusions, referring to his article in this Journal and to the detailed version of his theses in his book. Both are full of contradictions. Scientists who have studied NDEs much longer than Knoblauch, who has gathered only 82 NDEs, are not so premature in their conclusions and consequently came to quite different results.

First, Knoblauch and his colleagues postulated that there is no causal connection between the clinical death and the occurrence of NDEs. Furthermore, Knoblauch and his coauthors presented the well known fact that NDEs also occur when death is only expected, that is, in psychologically (and not biologically) near-death situations, as their own new
discovery. In fact it is well known that NDEs mainly occur in situations of imminent biological death, in the anticipation of one's own imminent death, or in direct contact with death in different forms, such as accompanying dying people. Exceptions such as the occurrence of NDE-like elements during meditation or under the influence of hallucinatory drugs show only that NDEs are neurobiologically based and can be triggered by altered states of consciousness.

Actually, 46 of Knoblauch's NDEs happened during life-threatening situations. Furthermore, 18 other NDEs that he classified as not happening in near-death-situations occurred in life-threatening situations and so imply near-death situations. For example, 9 of them happened during automobile accidents and electric shock, 4 during heart attacks, 4 during surgical complications, and so on. Contradicting their assertion, Knoblauch and his colleagues later in their book admitted that NDEs correlate with near-death situations, and that two-thirds of their own NDEs were in life-threatening circumstances.

Elsewhere in their book, Knoblauch and his colleagues postulated that the physical crises were not related to organic facts that lead to physical death. Not being medical doctors and not having consulted any medical advisor, Knoblauch and his colleagues simply cannot decide this; furthermore, the authors did not investigate this relationship in their NDEs.

Second, Knoblauch and his colleagues postulated that previous knowledge of NDEs leads to the experience of NDEs, and represented the contradictory findings of other researchers as wrong. Two pages before, Knoblauch and his colleagues nevertheless admitted that they could not say whether the higher percentage of knowledge of NDEs among NDErs existed before their NDE, or whether it was a consequence of their NDE, because they had not examined this interrelation. Furthermore, they admitted that in some cases they could exclude previous knowledge of NDEs, and that this previous knowledge did not influence the incidence of NDEs.

Third, their oft-repeated statement that there is no universal or standard NDE pattern depends on a capital mistake: Knoblauch and his colleagues confounded NDEs with oneiroids, complex dreams with a certain degree of lucidity, concerning the theme and situation of death. NDEs long ago have been clearly defined psychiatrically, and so differentiated from individual dreams, as archetypical models of oneiroids (Schmidt-Degenhard, 1992; Schroeter-Kunhardt, 1993). In fact there are clear phenomenological differences between both forms: oneiroids are individual, idiosyncratic dreams without the universal elements
found in NDEs. Furthermore NDEs are experienced in more dangerous situations that are clearly more near death (Schroeter-Kunhardt, 1993).

Actually, in my analysis, 27 of 100 NDEs contained individual dream-like or oneiroidal elements. This demonstrates that there is a continuous transition from complex individual dreams concerning the theme of death to NDEs (Schmidt-Degenhard, 1992), which can easily be differentiated from oneiroids by their transcultural similar elements, including the out-of-body experience, the tunnel, the light, the life review, transcendental landscapes, and contact with deceased persons.

If we actually look at the statistics of Knoblauch and his colleagues, they contradicted their own statements that there is no universal NDE pattern. In fact all 82 of their NDErs described nearly all typical NDE elements, in frequencies ranging from 11 to 65 percent (see Table II in Knoblauch, Schmied, and Schnettler, 2001, p. 25). The claimed differences between East and West German NDEs never reached statistical significance. Only the negative affect accompanying the East German NDEs differentiated them significantly from West German NDEs. Knoblauch and his colleagues themselves admitted that the small number of NDEs did not allow them to differentiate different NDE types because of nonsignificance of these differences.

The cultural differences between East and West German NDEs are in fact quite often only different interpretations of the universal NDE elements. The negative affect of East German NDEs may be only a reflection of the conflict of nonreligious people suddenly being confronted with completely unexpected, highly religious experiences, an explanation Knoblauch and his colleagues never offered or recognized. Also, Knoblauch’s statement that in China out-of-body experiences and tunnel experiences do not exist is incorrect. Already in 1992 a study of 81 NDErs, victims of the worldwide biggest earthquake, revealed that 43 percent of the Maoist NDErs had out-of-body experiences and 16 percent reported tunnel experiences (Zhi-ying and Jian-xun, 1992). Altogether, NDEs in different cultures do not show the enormous differences that Knoblauch and his colleagues repeatedly claimed; these differences can be claimed only for idiosyncratic dreams with the theme of death. On the contrary, NDEs consist worldwide of the same elements, with differences only in the shaping and interpretation of these elements.

This astonishingly small influence of culture on the basic elements of NDEs is also confirmed by the fact that children without any relevant cultural education about life after death experience the same universal NDE elements. The same applies to nonreligious people who experience
NDEs that contradict their own convictions and afterwards show conversions to religious life.

Fourth, that some NDEs consist only of single elements and do not always repeat the same succession of these elements has been well known since Raymond Moody's first description of the phenomenon (1975). This does not contradict the universality of NDEs. These single NDE elements are simply a partial experience or recall of a biologically implemented sequence of archetypical NDE elements.

Fifth, the NDE elements cannot be reduced to structures produced by social narrative, as Knoblauch and his colleagues postulated. They claimed that the uniformity of NDE elements can only be understood as products of narrative motifs and legend forms, and therefore they are narrative reconstructions, sometimes completely constructed by the NDEr.

In fact the NDE-specific hypermnesia implies that NDE reminiscence does not rely substantially on narrative motifs that existed before the NDE. NDEs are rather primary, archetypical experiences that were a source of religious ideas about life after death, and therefore were occurring long before any narrative religious model or religious tradition existed. Indeed, Knoblauch and his colleagues admitted that the religious and ideological differences between East and West Germany surprisingly did not affect the occurrence of NDEs.

Furthermore, studies have shown that there is no relevant difference between the repeated NDE narrations over many years after the NDE (van Lommel, van Wees, Meyers, and Elffereich, 2001) or between NDE narrations reported either a short or a long time after the NDE, which Knoblauch and his colleagues themselves admitted. Despite Knoblauch's sociological bias, the fact that the dominant affect in most NDEs is strongly positive also shows the cultural independence of the NDE elements and their neurobiological origin.

Last but not least, the theory of a narrative reconstruction of inner experiences applies equally to all inner experiences; and yet it never has any relevant consequence, for example, on the interpretation of the inner experiences of people with schizophrenia or reactions to trauma. Knoblauch and his colleagues themselves stated that NDErs themselves are quite confident that their descriptions of their experiences are identical with their experiences. Altogether there is no relevant difference between the near-death experience and its narration. I find the claims of Knoblauch and his colleagues inconsistent and unscientific.
else than another bias of Knoblauch and his colleagues. At best, from my own manifold experiences with the production of NDE documentaries, it can be said that the mass media prefer cases that imply the standard elements. Altogether, the claims of Knoblauch and his colleagues again are inconsistent and unscientific.

Sixth, the statements that NDEs “have little consequences for the manner of living” (Schmied, Knoblauch, and Schnettler, 1999, pp. 212-213) and that NDEs have no moral consequences or directly “undermine religious belief” (Knoblauch, Schmied, and Schnettler, 2001, pp. 27-28) again are contradicted in the study itself. The data show that 58 to 70 percent of their sample of NDErs lived more consciously and had greater appreciation for life and their fellow creatures; the belief in God grew in 28 percent and 40 percent had less fear of death. Knoblauch and his colleagues also admitted that all NDErs, including those with sad lots, were quite optimistic and in a positive mood after their NDE; that the NDErs interpreted the NDE in a religious sense and as basis for their belief in life after death; and that their NDEs have long-lasting biographic relevance.

Given my objection to their interpretation of the data, does the study by Knoblauch and his colleagues have any benefit? It has; it provides good data about the frequency of NDEs in Germany: more than 4 percent of the population, that is, about 3 million Germans, have had NDEs. Especially astonishing was the high frequency of paranormal effects around the death of human beings: 14 percent had premonitions of someone’s death that proved true; 3 percent reported psychokinetic effects at the moment of someone’s death; and 4 percent of Germans have had deathbed visions. These results of their study suggest the possibility that at death we transcend space and time and that there is life after death; but the above-mentioned conclusions reached by Knoblauch and his colleagues do not follow from their data.

References


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